PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Applies a valid OMB control number		
	CLAIMS AS							' [બ	OTHE	(O'/ R THAN
		(Column 1)		(Calumn 2)		SHALL	ENTITY	OR 1	SIMIL	EHTITY
FOR BASIC FEE	- NUM	ERFLED	HULLO	ER EXTRA	-	RATE	FEE	1	RATE	FEE
(37 CFR 1.16(a)) TOTAL CLAIMS					1		<u>:</u>	Q R		1
(37 CFR 1.16(c))		minus 2	o · ·			x 1		OR	K 1 1	
MDEPËNDENT CLA (37 CFR 1.16(b))	1845	minuş	3			X 1=		OR	X1 s	
MULTIPLE DEPEND	ENT CLAIM PRESE	HT ((37 CFR 1.16(0))		1	44		OR		
"If the difference in column t is less than zero, enter "I" in column 2.						7074				
				•.		TOTAL	<u> </u>	OR	TOTAL	
C	LAIMS AS AM	ENDED	- PART II	•					٠.	
	(Column 1)	· ·	(Calumn 2)	(Column 3)		SHALL E	ENTITY	OR		R THAN ENTITY
▼	CLAIMS REHAINING AFTER		HIGHEST MUMBER	PRESENT		RATE	AQ04		RATE	A001.
Total	AMENDHENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		ivije	FEE
O TOTALINGI	43	Minus	1 43	• —		X 1 =	7	OR	X1_ =	/
Z- Independent U professions E	4	Minus	-4	•	F	X 1 =	7	OR	X S	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (3) CFR 1.16(4))						+; =		OR		
				•		TOTAL .	(OR	TOTAL	
11	(Column 1)	_	(Column 2)	(Column 3)				U	ADD L FEE	
0 7/0/2	PENVAING		HIGHEST MUKSER	PRESENT		RATE	ADOI:	1		
Z/4/7/3	AFTER AN'ENDHENT		PREVIOUSLY PAID FOR	EXTRA	0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TIONAL FEE		m.m.	ADDI- TIONAL
Total CO COS CASCO CO CO COS CASCO CO CO COS CASCO CO COS	22	Minus	" 43	=		x 5_ =				FEE
W CICK L. HOD	. 4	Miraus	··· 4			X 5 .		OR	X 8 =	
FIRST PRESENT	ATION OF MULTIPLE	E DEPENDI	פענטייי (פו פר	R 1.16(d))				OR		
•						TOTAL		Oa	TOTAL	_
	(Column 1)		(Column 2)	(Caluma At		WOL LEE		OR	ADD'L FEE	
o l	CLAFAS REJAAINING	•	HIGHEST	(Column 3)	1			1		
ž	APTPA APTPA APPLACEMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TONAL TONAL		RATE	ADDI- JAHOI T
Z 1/2/2/2		timus	***************************************	•			FEE			FEC .
Z Independent U (37 CFR 1,16(1))	-	Minus	•••	£				OR	X1=	
FIRST PRESENT	ATION OF MIX TIPLE	DEPEND	M GLAN CO CC	R 4 16/411		X1=		OA	X 1=	
						TOTAL		ло	TOTAL	
the entry in ca						1007.166		03	301 100A	

The "tilicites: Number Previously Paid For" (Total or Independent) is the disclosed number found in the energonist- tear in column 1.

This ordiscious of intermation is required by 37 CFR 1.15. The enormation is required to obtain or retain a benefit try the proble which is to fac (and by the USPTO to process) on empirication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This codection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Thre will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SERO FEES OR COMPLETED FORMS TO THIS ADDRESS. SERD TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need as sistance in completing the form, call 4-803/ETO-9199 and select option-7,-...